

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph,

Registration District No.....
Primary Registration District No.....

File No. 37120
Registered No. 1100
St. Ward

2. FULL NAME

FULL NAME..... **Herman Alfred Suter**
 (a) Residence, No. **1400 Sylvania St.**..... St.,..... Ward,
 (Usual place of abode)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Lelia Suter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 29, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
56	73	9	6	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	Retired Concrete Contractor.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....Jan. 1961.....	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN).....Doniphan Co.,
(STATE OR COUNTRY).....Kansas

ER	13. NAME	Jacob Suter
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14. BIRTHPLACE (CITY OR TOWN).....Unk.
(STATE OR COUNTRY).....Switz.

15. MAIDEN NAME	Clara Gunselman
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16. BIRTHPLACE (CITY OR TOWN).....Unk.
(STATE OR COUNTRY).....Germany

17. INFORMANT (ADDRESS) Mrs. Lelia Suter
1400 Sylvanie St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Oct. 7, 1937

19. UNDERTAKER..... Walter H. Gieske
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED 10/7 1937 H. J. Kistebach

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5. 1937 . 19

22. I HEREBY CERTIFY, That I viewed on
Oct. 6, 1937 19 to 19

I last saw him ~~alive~~ on....., 19..... Death is said to have occurred on the date stated above, at 6.15 m. A.M. The principal cause of death and related causes of importance were as follows:

The principal cause of death and related causes of importance were as follows:

7/17/10 1 11:10

11/17/68 Louisville, Ky

11-11-11

[illegible]

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Hx Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify: 1. 11-11-80

At 500, species: *Hydrobia ulvae* (Cotter

(Signed) John H. Johnson, M. D.

(Address).....King Hill Bldg, St. Joseph, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

